

Outcastes and Medical Practices in Tokugawa Japan¹

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Introduction

Documentary evidence from the early modern period linking outcastes (*senmin* or *hisabetsumin*) to medical practices is scarce.² Extant contemporaneous sources and more recent oral historical accounts, however, suggest a substantive association meriting further research and analysis. In 1765, for example, an entire village in eastern Japan requested that a resident *eta* be permitted to have his official status designation changed in order to function more effectively as the local doctor. The medical practitioner in question was “highly valued” (*chōhō*) by the local community but his legal *eta* status apparently hampered his activities.³ Sugita Genpaku, too, mentioned in his famous *Rantō Kotohajime* (Dawn of Western Science) that an aged male of *eta* status

expertly performed an autopsy (*fuwake*) in front of him. He noted that this elderly person was actually a last minute replacement for his ill son of identical status who was also reputed to be “skilled” (*kōsha*).⁴ Postwar anecdotal evidence, moreover, suggests the possibility that some modern *burakumin* households engaged in hereditary medical practices.⁵ These and other examples of early modern outcaste (and *burakumin*) participation in medical practices in Japan deserve further investigation: What precisely was the link between outcastes and medical practices during the early modern period? How did the connection arise? What was its historical significance?

This paper, drawing on a variety of Japanese sources including legal documents, city magistrate records, merchant diaries, literary texts, family histories, writings of intellectuals, and contemporaneous Western accounts, offers an account of outcaste engagement in localized medical practices in early modern Japan.⁶ Members of outcaste groups vari-

¹ I would like to gratefully acknowledge the numerous helpful suggestions I received on this manuscript from Tsukada Takashi, Ōtō Osamu, Scot Hislop, Philip Brown, and three anonymous reviewers.

² My use of the term “outcaste” here follows the rationale outlined by Gerald Groemer and the conventional practices of some other leading scholars in the field. Gerald Groemer, “The Creation of the Edo Outcaste Order,” *The Journal of Japanese Studies* 27, no.2 (2001): 264; David Howell, *Geographies of Identity in Nineteenth-Century Japan*. Berkeley: University of California Press, 2005, 25, 208.

³ *Eta* 穢多 / ゑた / 江田 / 越多 (literally “abundant filth”) was the derogatory title given to groups of social outcastes in Japan during the latter half of the Tokugawa period. For a recent in-depth study of life in a Tokugawa outcaste village in eastern Japan, as well as a basic outline of differences between *eta* and *hinin* groups, see my “Portrait of a Tokugawa Outcaste Village,” *East Asian History* 32/33 (June 2006/December 2007): 83-108.

On the doctor’s reputation, see Saitama-ken, ed., *Shinpen saitama kenshi shiryōhen*, vol. 14, *Saitama kenshi*. (Urawa: Saitama-ken, 1991), 224-225.

⁴ Sugita Genpaku. “Rantō Kotohajime.” In *Koten Nihon bungaku taikēi*, edited by Toshiro Kodaka and Akira Matsumura, (Tokyo: Iwanami Shoten, 1964). 490-491.

⁵ Saitō Yōichi discusses cases in Shiga prefecture and Osaka based on accounts by Hirai Kiyotaki and Teraki Nobuaki in “Kinsei no hisabetsumin to iyakugyō/saikō,” *Buraku kaihō kenkyū* vol. 155 (2003): 7, 12.

⁶ The question of how to define “medical” in early modern Japan is a difficult one. I use the term here both as a direct translation of the Japanese *i* (医/醫), which proliferates throughout early modern texts, as well as to refer to practices associated with healing and health, usually expressed contemporaneously through terms such as *kaihō* (介抱), *ryōyō* (療養), and *yōjō* (養生). I am conceptualizing here a kind of hybridized state between two practices usually carefully distinguished in modernity – “medicine” (understanding the human body, restoring or promoting health, preventing or alleviating abnormalities or illness) and “healing” (achieving or maintaining health by whatever means). See Paul U. Unschuld for a useful discussion on both of these terms in *What is Medicine?: Western and Eastern Approaches to Healing*. (Berkeley: University of California Press, 2009), 6. Roy Porter has offered a different perspective on the meaning of (and rela-

ously labeled *eta*, *kawata*, *hinin*, and *chasen* worked as physicians (*ishi*), herbalists (*kusushi*), and veterinarians (*bakuro*) within their local and wider communities.⁷ They also engaged in the nursing to health (*kaihō/ryōyō*) of fellow outcastes or other persons of marginalized status, were involved in the inspection of the bodies of dead wayfarers and homicide victims (*yukidoarenin/henshimono kenbun*), performed burials and mortuary rites for the

dead (*shitai torikatazuketē/sōsō*), and undertook post-mortem examinations of the human body (*fuwake*). On occasion, too, members of groups with high social and legal status, including professional doctors engaged in *Rangaku* (Western Learning) and Tokugawa shogunate officials, actively sought out knowledge from these communities in order to better facilitate the development of their own medical expertise.

I argue that three concurrent seventeenth-century historical processes created the necessary conditions for outcaste engagement in medical activities, encouraging a strong conceptual association between them which informed social practices, but sustained involvement in medical activities was the result of many outcaste communities' decision to exploit the considerable economic and social potential generated by such practices. Outcastes were first integrated into early modern society as official status groups (in David Howell's words, a "taxonomic revolution") made to undertake duties closely associated with death. Outcaste groups then became concentrated targets of social stigmatization as an infusion of political discourses concerning the sanctity of life, the hazardous effects of death pollution, and the normative features of the ideal Tokugawa subject from the last quarter of the seventeenth century worked to both order, marginalize, and mystify these communities in the popular "hierarchizing imaginary." Lastly, outcastes became conceptually invested with curative potential as early modern society became increasingly concerned with matters pertaining to the preservation of life through the widespread proliferation of the Neo-Confucian medical discourse of "health cultivation" (*yōjō*).⁸

tionship between) the two concepts. "Introduction," in *The Cambridge History of Medicine*, edited by Roy Porter. Rev. ed. (Cambridge: Cambridge University Press, 2006), 4.

⁷ The word *kawata* first appears in primary records in 1430. 皮田/革田/革多 are some of the numerous character combinations used for *kawata*. In the Sengoku period, *kawata* was also sometimes written simply as かわた. This word is argued to have become discriminatory after it was written in the land cadastral records to distinguish between agricultural and non-agricultural producers. Takeuchi Rizō and Takayanagi Mitsutoshi, *Kadokawa nihonshi jiten*. (Tokyo: Kadokawa Shoten, 1994), 224. Minegishi Kentarō has basically argued that there is essentially little difference between *kawata* and *eta*. Minegishi Kentarō, *Kinsei hisabetsuminshi no kenkyū* (Tokyo: Azekura Shobō, 1996), 138, 144, 148. *Hinin* 非人 (literally "not human") were social outcastes who predominantly engaged in begging, but also participated in executions, guard duties, animal carcass disposal, and the burial of vagrants. See my "Portrait of a Tokugawa Outcaste Village" for an English introduction to an *eta* settlement with a *hinin* community in eastern Japan. For an easy-to-read introduction to *hinin* in Osaka consult Tsukada Takashi, *Toshi Ōsaka to hinin*. (Tokyo: Yamakawa Shuppansha, 2001). *Chasen* 茶筌, also written as 茶茎 were groups that lived primarily in the Chūgoku region and engaged in farming, bamboo-ware production, and certain religious purification rites. An interesting discussion of these groups in Japanese is found in Yanagita Kunio, *Teihon Yanagita Kunio shū*, vol. 9. (Tokyo: Chikuma Shobō, 1962), 372, 377. For an English language discussion of *onbō* see Andrew Bernstein, *Modern Passings: Death Rites, Politics, and Social Change in Imperial Japan* (Honolulu: University of Hawaii Press, 2006), 30-31.

⁸ "Taxonomic revolution" is taken from David Howell's *Geographies of Identity in Nineteenth-Century Japan*, 33; the idea of the medicalization of Tokugawa society is found in Susan L. Burns, "The Body as Text: Confucianism, Reproduction, and Gender in Tokugawa Japan," in *Rethinking Confucianism: Past and Present in China, Japan, Korea, and Vietnam*, edited by Benjamin A. Elman, John B. Duncan and Herman Ooms, Los Angeles: UCLA Asia Pacific Monograph Series, 2002, 178-219; and the concept of the imaginary attempts to build on the idea of "fundamental hierarchizing 'imaginary'" is found in Herman Ooms, *Tokugawa Village Practice: Class, Status, Power, Law*. (Berkeley: Univer-

Many early modern outcaste communities, negotiating the historical conditions shaped by an intersection of these three processes, began to develop a degree of expertise in certain medical practices from the late seventeenth century, systematically exploiting the considerable economic and social potential derivable from participation in these activities.

Japanese scholars usually respond to evidence indicating outcaste engagement in early modern medical practices in two distinct ways. First, those with strong contemporary activist ties tend to embrace it as clear confirmation of the impressive civilizational level of premodern *burakumin* culture. Outcaste involvement in healing arts is usually explained from this perspective as the natural result of a negatively constructed and largely static premodern Japanese cosmological orientation towards death and illness.⁹ Other scholars, however, usually opposed to this first view, are inclined to characterize outcaste engagement in certain medical pursuits as largely unexceptional.¹⁰ Early modern ‘status groups’ (*mibunteki shūdan*) were allegedly constituted through an elaborate array of discriminatory policies and practices which affected almost everyone.¹¹ Therefore, many, if not all, status groups in early modern Japanese society developed a basic

body of medical knowledge and practices.¹² The expectation is that all status groups (existing in ‘layers’ and ‘pockets’ throughout early modern Japanese society) would develop a degree of localized medical knowledge and practices.¹³

This paper contends that the real significance of outcaste involvement in early modern medical practices probably lies somewhere between the two interpretative positions adopted by concerned Japanese scholars. The hagiographical impulse common in many postwar early modern *buraku* histories should doubtless be resisted when examining available evidence on outcaste medical practices. Deemphasizing hierarchical concerns in early modern ‘status theory’ (*mibunron*), however, is also problematic (an ‘interpretative overcorrection’). As Daniel Botsman reminds us in his important study, early modern outcastes were not necessarily treated the same as other social groups.¹⁴ Therefore the question of how outcastes in a given historical period came to be treated differently to other groups in early modern Japanese society and the kinds of treatment they received must inform any study of their particular practices. Outcastes did experiment in certain medical practices, perhaps occasionally even contributing to developments in early modern medical practices. Understanding the precise nature of their engagement in these activities reveals important information about the nature of early modern Japanese society.

The first section of this paper provides a brief background discussion of the state of medical practice in early Tokugawa Japan. The paper then moves on to demonstrate how the three aforementioned seventeenth-century processes of social taxonomy, discursive political reordering of the dominant hier-

sity of California Press, 1996), 327; also Daniel Botsman, *Punishment and Power in the Making of Modern Japan* (Princeton: Princeton University Press, 2005), 60.

⁹ See, for example, Saitō, “Kinsei no hisabetsumin to iyakugyō/saikō,” 2-21; Fujisawa Yōsuke, “Iyakugyō, Takeosa-zukuri nado to no kankei,” *Buraku kaihō* vol. 611 (2009): 114-123.

¹⁰ Tsukada Takashi (Osaka City University) and Ōtō Osamu (Tohoku University) both emphasized this point in response to an earlier version of this paper presented at the workshop Death and Dying in Early Modern Japan, held at the National University of Singapore in September, 2009.

¹¹ Wakita Osamu, “Kinsei hōkensei to buraku no seiritsu,” in *Sengo buraku mondai ronshū*, edited by Buraku mondai kenkyūjo. (Kyoto: Buraku Mondai Kenkyūjo, 1998 [1972]), 407-421; Tsukada Takashi, *Mibunron kara rekishigaku wo kangaeru*. (Tokyo: Azekura Shobō, 2000), 228-232.

¹² Tsukada Takashi, *Kinsei mibunsei to shūen shakai* (Tokyo: Tokyo Daigaku Shuppankai, 1997), 349.

¹³ For an introduction to Tsukada’s groundbreaking work on “social status groups” see Tsukada Takashi, *Kinsei nihon mibunsei no kenkyū* (Kobe: Hyōgo Buraku Mondai Kenkyūjo, 1987), 34; also Tsukada, *Mibunron kara rekishigaku wo kangaeru*, 153-171. I have relied on Daniel Botsman’s work for a translation of Tsukada’s key notions of *jūsō* and *fukugō*. See *Punishment and Power in the Making of Modern Japan*, 69, 71, 84.

¹⁴ Botsman, *ibid.*, 55.

archival imaginary, and the promotion of health cultivation medical discourse worked together to facilitate a linkage between outcastes and medical practices. The paper next offers a detailed description of outcaste engagement in medical practices from the end of the seventeenth century through to the early nineteenth century, followed by a brief discussion of the possible historical significance of these developments.

Background

Early Tokugawa medical practices were to some extent informed by residual beliefs rooted in what Amino Yoshihiko once called a fundamental distinction between the ‘human’ and ‘supernatural’ realms, but there were also informed by new developments in discourse and practice.¹⁵ Healing in the late medieval world was not restricted to medical practitioners: Buddhist curing arts, as well as an assortment of other religious practices, continued to influence medical practices. Death and illness remained sources of great anxiety and consternation, religious practitioners continued to be relied upon during medical crises, and the social status of persons professionally engaged in ‘medical practices’ (*igaku/idō*) retained its ambiguity. Neo-Confucianism, however, gradually became the new orthodoxy in official remedial discourse during this period. Social concerns about how improvements to personal and collective health could increase life stability and longevity also strengthened at this time, and the question of how best to manage the burgeoning numbers of urban poor, sick, and homeless emerged as a key concern among authorities.

Illness and disease in the early seventeenth century were not popularly understood as the sole preserve of medical professionals: they were phenomena about which religious practitioners could also speak with authority. Educated European visitors’ observations reinforce this point. João Rodrigues (1558-1633), for example, wrote of “three principal sorts of judicial astrology” in Japan: “natural magic” involving “the celestial influence received at...conception”; “practical judicial astrology” related to “predictions and prognostications in accor-

dance with the conjunctions and aspects of the planets and stars”; and “soothsayers of Earth” who divine what is a “good or bad site on which to build, the quality of the place in which to dwell, and the respect shown towards the good and bad directions of Earth, or the world.” Rodrigues noted that these forms of early Tokugawa cosmology commonly addressed concerns about “the fate or destiny that each person must have,” “the good or bad hour” to “bury the dead,” future incidents of “epidemics, deaths, and calamities,” and the “sites for the tombs of their dead” where “each and every misfortune or disaster” was attributed to them.¹⁶

Buddhist healing arts, as well as an assortment of other religious practices, also continued to influence medicine in the early Tokugawa world. Duncan Ryūken Williams has noted, for example, that “the Zen priest’s main activities...typically were praying for rain, healing the sick, or performing exorcistic and funerary rights.”¹⁷ He observes that “Most Japanese even in the latter half of the nineteenth century, relied on Buddhist priests and healers other than physicians in times of illness.”¹⁸ Barbara Ambros has likewise noted the way the *oshi* (religious specialists who popularized mountain cults and pilgrimage sites) “combined their role as proselytizer and that of healer.”¹⁹ Hartmut O. Rotermond has similarly demonstrated that healing powers, whether in the religious, magical, or medical therapeutic realms (distinctions elaborated upon in a later section), also fell into the province of lay monks such as *yamabushi*.²⁰ Medicines which claimed universal efficacy (*manbyōyaku*), moreover,

¹⁶João Rodrigues, *João Rodrigues’s Account of Sixteenth-Century Japan*, edited by Michael Cooper. (London: Hakluyt Society, 2001), 396-399.

¹⁷ Duncan Ryūken Williams, *The Other Side of Zen: A Social History of Sōtō Zen Buddhism in Tokugawa Japan*. (Princeton: Princeton University Press, 2005), 2.

¹⁸ Ibid., 87.

¹⁹ Barbara Ambros, *Emplacing a Pilgrimage: The Ōyama Cult and Regional Religion in Early Modern Japan* (Cambridge: Harvard University Press, 2008), 5, 136.

²⁰ Hartmut O. Rotermond, “Demonic Affliction or Contagious Disease: Changing Perceptions of Smallpox in the Late Edo Period.” *Japanese Journal of Religious Studies* 28, no. 3-4 (2001): 374, 392.

¹⁵ Amino Yoshihiko, *Nihon no rekishi wo yominaosu (sei)*. Chikuma Purimā Bukkusu, vol. 50 (Tokyo: Chikuma Shobō, 1991), 83-85.

were often “tied to the miraculous powers of Buddhist, Taoist, or Shintō deities and saints.”²¹

Religious practitioners who straddled the epistemological divide between science and religion during the seventeenth century were often consulted because of their alleged ‘special abilities.’ The intimate relationship between late medieval/early modern medicine and religion was clearly related to a basic fear of death that most illnesses inspired along with a lack of knowledge concerning the causes behind their materialization. Engelbert Kaempfer (1651-1716), writing about Japan late in the century, noted with interest the engagement by the aforementioned *yamabushi* (in his words “religious ...hermits who disdain worldly pleasures to reach the everlasting”) in certain healing practices. They proclaimed, he wrote, that “certain ceremonies and words enable[d] them to use the power of foreign and local gods to conjure and chase away evil spirits, search out hidden matter, and bring to pass other supernatural events.” According to Kaempfer, *yamabushi* used these skills “for finding thieves and stolen goods, predicting uncertain events, interpreting dreams, *healing incurable illnesses*, finding wrongdoers, or revealing the guilt or innocence of an accused” [*italics mine*].²²

Close association between religious and medical practices throughout the seventeenth century kept the social status of persons professionally engaged in ‘medical practices’ (*igaku/idō*) ambiguous.²³ Some physicians could have relatively high

social status: those appointed to serve the shogun in the early seventeenth century were obviously well-respected. Persons with considerable power and social standing also wanted doctors in their employ; a direct edict from the shogun to his six appointed aides in 1634, for example, clearly listed among their duties the procurement of a physician (*ishikata goyō no koto*).²⁴ At a more general level, however, the medical profession also appeared to experience considerable stigmatization. Some of this stigma undoubtedly arose due to widespread quackery. In the *Kashōki* (Records to Make You Laugh), a collection of humorous tales authored by Nyoraishi (1603?-1674) in 1642, the unscrupulous physician who baselessly purported to have profound medical knowledge was lampooned.²⁵ But fraudulent medical practices were not the only source of this stigmatization. Some village reports (*meisaichō*), particularly in western Japan, listed doctors at the end using a particular form of indentation commonly reserved for outcasts.²⁶ Even as late as 1708, physicians, day labourers, samurai attendants, *hinin*, and beggars could be listed together and summarily cautioned in town circulars.²⁷ Recent research also indicates that there could be considerable status differences among doctors depending on their area of specialization.²⁸

At the same time, however, many important changes were also underway in seventeenth century medical practice. Intellectuals and governing authorities became increasingly concerned with improving personal and collective health to enable life stability and longevity as the Tokugawa peace en-

²¹ Williams, *The Other Side of Zen: A Social History of Sōtō Zen Buddhism in Tokugawa Japan*, 91.

²² Engelbert Kaempfer, *Kaempfer's Japan: Tokugawa Culture Observed*. Translated by Beatrice M. Bodart-Bailey. (Honolulu: University of Hawai'i Press, 1999), 122, 124.

²³ This fact presumably also affected the overall reception of medical techniques imported from overseas. Wolfgang Michel notes the relative lack of interest in developing and maintaining “southern-barbarians-style-surgery” (*nanban-ryū gekka*) during this and later periods. “Medicine and Allied Sciences in the Cultural Exchange between Japan and Europe in the Seventeenth Century,” in *Theories and Methods in Japanese Studies: Current State & Future Developments - Papers in Honor of Josef Kreiner*, edited by Hans Dieter Oelschleger.

(Göttingen: Vandenhoeck & Ruprecht Unipress, 2007), 287.

²⁴ Rekishigaku Kenkyūkai, ed., *Nihonshi shiryō 3: kinsei*. (Tokyo: Iwanami Shoten, 2006), 74.

²⁵ Nyoraishi, *Kashōki: bushi wa kuwanedo*. Annotated by Watanabe Morikuni. (Higashi Murayama: Kyoikusha, 1979).

²⁶ Fujisawa, “Iyakugyō, Takeosa-zukuri nado to no kankei,” 120.

²⁷ Harada Tomohiko, ed., *Hennen sabetsushi shiryō shūsei*, 21 vols., vol. 8. (Tokyo: San'ichi Shobō, 1987), 110.

²⁸ Umehara Ryō, *Kinsei igaku no shakaishi: chishiki/gijutsu/jōhō*. (Tokyo: Yoshikawa Kōbunkan, 2007).

sued.²⁹ Such issues were increasingly understood in Neo-Confucian terms, as this school of thought came to occupy a position of orthodoxy in remedial discourse taught at the Tokugawa medical school and in numerous domains.³⁰ Neo-Confucian thought in China was rooted in a particular understanding of nature and the rational in which “knowing was an activity in which the rational operations of the intellect were not sharply disconnected from what we would call tuition, imagination, illumination, ecstasy, aesthetic perception, ethical commitment, or sensuous experience.”³¹ Medical interpretations rooted in a closely related epistemology also became increasingly commonplace in Japan: Wai-ming Ng notes, for example, that “until the mid-Tokugawa period, most medical books in Japan included chapters on divination, cosmology, possession, and similar topics.”³²

Managing the burgeoning numbers of poor, sick, and homeless in large urban cities also emerged as a critical issue for Tokugawa authorities. Available evidence suggests that shogunate officials in major cities like Edo and Osaka began establishing distinct settlements for the poor, sick, homeless, and socially despised.³³ In Edo, a large enclosure about 200 meters in length was built in Bakuromachi and many beggars (*komokaburi*: literally ‘straw hat wearers’) were given shelter there after a flood and famine in the early 1640s. The Kawagoe merchant Emoto Yazaemon estimated that there were about

10,000 beggars in Edo at the time; the city’s rivers also apparently brimmed with dead bodies. In the second quarter of the seventeenth century, semi-formal settlements for the sick and impoverished with a degree of internal hierarchy became increasingly common in Edo with considerable encouragement from the shogunate. In a later diary entry, Emoto further described the head of this beggar community as a ‘general’ (*taishō*) of the poor.³⁴ By the latter half of the century, as will be discussed in the following section, beggar settlements had transformed into the headquarters of a quite formalized network of *hinin* guilds with distinct hierarchies. These guilds incorporated a number of *hinin* huts (*hinin goya*) governed by leaders with hereditary titles and played a pivotal role in the later establishment and maintenance of beggar camps and prison infirmaries. Extant materials reveal that these outcasts became an important part of Tokugawa shogunate social policy aimed at dealing with issues such as disease, poverty, and homelessness.

Taxonomic Revolution

Outcaste communities, mobilized by the Tokugawa shogunate and local officials to manage poverty, disease, and death, had developed a strong degree of institutional cohesion by the end of the seventeenth century, becoming ‘status-group’-like entities through a process David Howell has labelled “taxonomic revolution.” Late-sixteenth and early-seventeenth-century Japan experienced a detailed clarifying of the “functions of individual status groups” which over time “necessarily led to the clarification of other groups’ functions as well.” *Hinin* groups were mobilized in times of natural disasters like the Great Meireki Fire as part of an official strategy to both directly manage widespread impoverishment as well as deal with the many side issues related to urban poverty such as the disposal of dead bodies and refuse disposal. *Eta*, too, were organized into independent communities in order to guarantee a steady supply of leather for authorities, as well as to subcontract forms of labor like execution duties increasingly disdained by the samurai class. Clarification of these groups’ functions basically entailed entering into legally-binding contracts (*goyō kankei*) with authorities and receiving eco-

²⁹ Katafuchi Mihoko, “16 seiki kōhan kara 17 seiki zenhan ni okeru yōjō no bunmyaku: seimei no kachi ni shōten-zukete,” *Wakayama Daigaku Kyōiku Gakubu kiyō* 58 (2008): 51.

³⁰ Ann Bowman Jannetta, *The Vaccinators: Smallpox, Medical Knowledge, and the “Opening” of Japan* (Stanford: Stanford University Press, 2007), 2.

³¹ Nathan Sivin, “Science and Medicine in Chinese History,” in *Heritage of China: Contemporary Perspectives on Chinese Civilization*, edited by Paul S. Ropp. (Berkeley: University of California Press, 1990), 169.

³² Wai-ming Ng, *The I Ching in Tokugawa Thought and Culture* (Honolulu: Association for Asian Studies and University of Hawai’i Press), 2000, 160.

³³ Minegishi, *Kinsei hisabetsuminshi no kenkyū*, 32.

³⁴ *Ibid.*, 38.

nomic privileges in return for accepting officially prescribed (but usually socially despised) duties primarily pertaining to certain 'death industries' (tanning, execution duties, burial, etc). These outcasts, according to Howell, were mobilized "to regulate and contain social order and pollution," but in return they found "plenty of space in which to see to their own interests beyond the fulfillment of tax obligations or other feudal duties."³⁵ As will be seen in the following section, one of these spaces was the more socially accepted and financially lucrative realm of medical practices.

When the head of the *eta* community in eastern Japan, Danzaemon, achieved his monopoly on leather production, built and came to reside in a large settlement in Edo, and became known by this epithet is unclear. Edo authorities do appear, however, to have forced certain punitive powers relating to the torture and execution of non-warrior subjects on Danzaemon by about the mid seventeenth-century.³⁶ Tokugawa authorities probably first ordered a number of specific tanners (*kawazukuri*) to procure and supply them with a specified amount of leather before Danzaemon achieved a monopoly on these activities in the greater Kantō area. He was ordered around mid-century to engage in certain socially despised tasks (such as the torture of Christians in 1642 and the building of an embankment to be used in the beheading of criminals in 1657) and probably acquiesced only after attempts at resistance proved unsuccessful.³⁷

Little can be said with certainty about *hinin* communities in Edo during the mid-seventeenth century without relying on records written at much later dates. Later records assert that after a fire in 1654 the two *hinin* leaders Kuruma Zenshichi and Matsuemon were ordered to take care of the dead bodies, and then, after the Great Meireki Fire of 1657, they were again mobilized to dispose of the 100,000-plus dead bodies scattered throughout the

city.³⁸ In the latter tragedy it is said that a plot of land in Honjō was set aside where the *hinin* carried the corpses on boats, built a mound, and then constructed a temple which was given the name Ekōin.³⁹ Another nineteenth century record states that Kuruma Zenshichi was summoned to the Edo Town Magistrate's office in 1666 – the same year that the community which he presided over was apparently moved to the Shinyoshiwara area.⁴⁰ In one 1854 document, the *hinin* leader Matsuemon also claimed that his forebears came to live in Shinagawa in 1635 and that they became the Shibakata *hinin* leaders during the Kanbun period (1661-1673).⁴¹ Whether or not one should take all of the above statements at face value is debatable, but it does seem safe to assume that the earliest *hinin* communities in Edo were also beginning to stabilize from around the mid-seventeenth century.

Outcaste groups around the Japanese archipelago, albeit with some important exceptions, probably emerged at the same time and in a similar fashion. Flocking to populated centres to escape impoverishment and death, large numbers of people were mobilized by authorities to live communally and carry out official duties related to socially shunned tasks essential to ensure smooth warrior rule. Many of these tasks were crucial for the maintenance of these burgeoning settlements, straining under the demographic weight being placed on their feeble infrastructures. A 1771 document from Kanazawa fief, for example, reveals that the resident outcaste group there known as *tōnai* also identified themselves as the descendants of people who had flocked to the city during the period of great natural disasters of the 1660s. Their ancestors, they claimed, were housed in special huts and nursed back to

³⁵ David Howell, *Geographies of Identity in Nineteenth-Century Japan*, 21-22, 33.

³⁶ Harada Tomohiko, ed., *Hennen sabetsushi shiryō shūsei*, 21 vols., vol. 6 (Tokyo: San'ichi Shobō, 1987), 370-371.

³⁷ Minegishi, *Kinsei hisabetsuminshi no kenkyū*, 28-29, 33-35.

³⁸ Saitō Gesshin, *Zōtei bukō nenpyō*. Vol. 1. (Tokyo: Heibonsha, 1968), Vol.1, 59.

³⁹ Patricia J. Graham labels Ekōin the "quintessential commoner temple." See *Faith and Power in Japanese Buddhist Art, 1600-2005* (Honolulu: University of Hawai'i Press, 2007), 85.

⁴⁰ Nakao Kenji, *Danzaemon kankei shiryōshū: kyūbakufu hikitsugisho*, 3 vols., vol. 2 (Osaka: Buraku Kaihō Kenkyūjo, 1995), 38-39.

⁴¹ Groemer, "The Creation of the Edo Outcaste Order," 275.

health with rice porridge.⁴² As Tsukada Takashi's research reminds us, however, a number of important outcaste communities formed for different reasons. Osaka *hinin*, for example, had a history of collectivization which clearly pre-dated Edo, and the development of some of these communities was closely linked to the anti-Christian policies of the early Tokugawa shogunate.⁴³

The idea of creating collectives located outside an ideal status order of the 'four peoples' (*shimin*) which needed to be organized and administered according to their individual group statuses is strongly evident in the writings of the intellectual Yamaga Sokō (1622-1685) at this time. Sokō, initially a pupil of Hayashi Razan, wrote very specifically about status and how to best manage social groups which fell outside of the 'four peoples.' In *Yamaga gorui*, for example, Sokō argued that "yamabushi, bikuni, miko, and kannaki" should not be permitted to live in townships because they were indolents who caused great social instability. He also argued that "*kanjin bōzu*, *zatō*, *goze*, *monoyomi*, *biwahōshi*, *umakata*, *ushitsukai*, *funegashira*, *ryōshi*, *gyōshi*, *hinin-kojiki*, and *eta*" should be administered and governed in highly specialized ways. Sokō argued, for example, that people below the status of *umakata* (horse handlers) should be made to form 'guild groups' (*nakama*) through which they should be governed. Lepers and those with disabilities, according to Sokō, should also be made to live in the one place. The places where these people should live, he argued, should be well away from the thoroughfares of respected people. "Hinin-kojiki," he declared, should be made to clean up the townships, forced to live a healthy distance from the city, and made to wear clothes which distinguished them from others.⁴⁴

⁴² Harada Tomohiko, ed., *Hennen sabetsushi shiryō shūsei*, 21 vols., vol. 10 (Tokyo: San'ichi Shobō, 1987), 368.

⁴³ Tsukada, *Toshi Ōsaka to hinin*, 5-11.

⁴⁴ Asao Naohiro notes that Sokō's discourse was rooted in his observance of processes that were already underway. At another level, however, his remonstrations in many respects probably predated the actual changes themselves, perhaps even exerting some influence over shogunate policy. Asao Naohiro, ed. *Mibun to kakushiki*. Vol. 7, *Nihon no kinsei*. (Tokyo: Chūō Kōronsha, 1992), 24.

The processes Sokō prescribed can be evidenced in town circulars from the 1670s. Official documents make mention of the mass emergence of 'new hinin' (*shinhinin*), an expression clearly dependent on the idea of a pre-existing and relatively fixed group of people. This original group of *hinin* apparently had their claim to a livelihood through mendicancy officially sanctioned as a legitimate activity with strong religious connections (that needed to be strictly regulated and policed rather than outlawed) because of their performance of official duties for the Tokugawa shogunate. Importantly, however, some circulars of the same period also caution *hinin* not to upset commoners, indicating a conceptual firming at the political level of what was believed to constitute the average political subject. This had considerable ramifications for *hinin* who were operating in official guilds. It meant, as Tsukada Takashi has put it, that a firm status distinction had emerged whereby "no matter how poor a townsman who rented accommodation was, he was not a *hinin*."⁴⁵

Re-imagined Hierarchies

The increased association between early modern outcaste groups and medicine during the late seventeenth century must also be understood within the context of attempts by ruling authorities to more clearly delineate the Tokugawa subject who would be the object of rule – a process best categorized as a late seventeenth-century reimagining of hierarchy. The status-group-based division of labor outlined above saw outcaste groups enter into legally-binding contracts with authorities, receiving economic privileges in return for accepting officially prescribed, historically stigmatized, socially devalued, and economically unrewarding duties pertaining to certain 'death industries' (tanning, execution duties, burial, etc). At the same time, however, a proliferation of discourses concerning the sanctity of life, the hazardous effects of death pollution, and the normative features of the ideal Tokugawa subject led to a reimagining of hierarchy during this period not only along a horizontal axis but also a vertical one. Through a conceptual firming of the idea of the outcaste as one who engaged in danger-

⁴⁵ Tsukada, *Kinsei nihon mibunsei no kenkyū*, 211.

ous 'death industries', members of these groups were also conceptually invested with a curative potential, as possible sources of healing or medical knowledge.

During the second half of the seventeenth century, and particularly after Tokugawa Tsunayoshi's investiture as shogun (1681), a significant political rearrangement of the central ordering mechanism of the "fundamental hierarchizing imaginary" (in Herman Ooms's words) took place through the infusion of discourses concerning the sanctity of life, the hazardous effects of death pollution, and the normative features of the ideal Tokugawa subject. Ooms, drawing on Cornelius Castoriadis's work, has argued that a "fundamental hierarchizing 'imaginary'" was in operation during the early modern period. That is to say that an 'imaginary' (an "unquestioned social metaphor that functions as a template for common sense") which privileged hierarchization (a "military model") functioned as the "central social imaginary" of the Tokugawa period.⁴⁶ Ooms also notes, however, that there existed a distinct mechanism for infusing hierarchical differences between commoners and outcasts (i.e., the 'vertical axis'). Pollution, he argues, was the flexible idiom by which outcaste groups were made to take on their particular form: "Activated and propelled by social, economic, or political forces, it was appropriated and applied in some situations but not others."⁴⁷

Tokugawa Tsunayoshi (1646-1709) was a devout Confucianist who considered ritual purity in social relationships to be of extreme importance and was fixated on issues pertaining to mortality. Tsunayoshi issued many pieces of legislation which specifically addressed the issues of respect for life and a fear of death.⁴⁸ He promulgated, for example,

Regulations for Mourning (*Bukkirei*) in 1684, a code that was revised three times before 1736 when it was put into its final form by the eighth shogun Tokugawa Yoshimune. His edicts also included the infamous law forbidding cruelty to all living things (*shōrui awa-remi no rei*) which Kate Wildman Nakai has evaluated as "an unprecedented and highly unpopular intrusion of shogunal authority into the jurisdiction of the daimyo."⁴⁹ Beatrice Bodart Bailey has noted that through these laws "The shogun wished to foster the spirit of benevolence in the hearts of his people and he hoped to achieve this goal by ordering them to treat all animate creation with care and gentleness."⁵⁰

During and immediately after Tsunayoshi's period of rule, there was also a shift in ideas of rule away from the attributes of the ruler to effective ways of controlling the population, and ruling authorities and intellectuals began to increasingly deliberate on the distinctive characteristics of the normal subject (*heinin*). In his work *Seidan*, for example, Ogyū Sorai (1666-1728) spoke freely of 'outcasts' (*iyashikimono*) which included both prostitutes and *eta*; and it is in relation to these groups that he discusses the notion of the 'commoner' (*heinin*).⁵¹ For Sorai, the outcaste was base and immoral, but the commoner was morally upright

Japanese Tradition. 2nd ed. vol. 2, (New York: Columbia University Press, 2005), 109.

⁴⁹ On *shōrui awaremi no rei* Hayashi Yukiko, *Kinsei bukki-ryō no kenkyū* (Tokyo: Seibundō, 1998), 3-36; Beatrice Bodart-Bailey, *The Dog Shogun: The Personality and Policies of Tokugawa Tsunayoshi*. Honolulu: University of Hawai'i Press, 2007, 50-68, 128-160. Kate Wildman Nakai, *Shogunal Politics: Arai Hakuseki and the Premises of Tokugawa Rule* (Council on East Asian Studies, Harvard University, 1988), 135.

⁵⁰ Beatrice Bodart Bailey, "The Laws of Compassion," *Monumenta Nipponica* 40: 2 (1985): 167.

⁵¹ Actually, the term he uses is not *eta* but *kawaramono*. *Kawaramono* has historically been considered an alternative name for *eta* but Hatanaka Toshiyuki has recently that it is a separate "status." Hatanaka Toshiyuki, "'Eta' 'hinin' towa dare no koto nanoka," in *Datsujōshiki no buraku mondai*, eds. Asaji Takeshi, et al. (Kyoto: Kamogawa Shuppan, 1998), 211-219.

⁴⁶ Ooms, *Tokugawa Village Practice: Class, Status, Power, Law*, 60, 338-339.

⁴⁷ *Ibid.*, 275.

⁴⁸ The principle of respecting all life forms and avoiding death was not merely a political discourse informed by Buddhist concerns. It was also a central concern in Neo-Confucian discourse, clearly evident in Kaibara Ekken's *Shōgaku-kun*, and had links to the "health cultivation" discourse discussed at length later in the essay. William Theodore De Bary, Carol Gluck, and Arthur E. Tiedemann. *Sources of*

and civilised (refined) with a proper bloodline.⁵² Sorai's discourses of the outcaste and the commoner were located, moreover, within the context of a *Nihonkoku* or 'Japanese state' – a notion scattered throughout his work. *Nihonkoku* was a place being violently tugged apart at the seams by rapid and disturbing changes against which Sorai was desperately attempting to prescribe various countermeasures. Within this context, outcastes were dangerous entities.⁵³

Eta and *hinin* groups had become closely linked together in the public and political imagination through a series of well-known lawsuits between Danzaemon and some of Edo's other marginalized status group leaders allegedly beginning in the last decades of the seventeenth century.⁵⁴ The most famous of these battles was undoubtedly with the *hinin* leaders. Danzaemon was accused by them of treating *hinin* as his own private labor force. The shogunate eventually ruled that *hinin* were in fact subject to Danzaemon's rule although there were limits to the extent he was permitted to mobilize them for his own purposes. This legal battle was not, however, simply a jostle for political power between two competing groups engaged in similarly socially-suspect activities. It also represented a point of conceptual merger when socially marginalized groups came together to constitute an entity which could be termed 'outcaste.'

A gradual hardening of the notion of a 'commoner' (*heinin*) who constituted membership of a geographical and conceptual body called 'Japan' (*nihonkoku*) helped delineate more clearly the types of people who did not conform to this increasingly conventionalized understanding of the subject of rule. 'Commoner' (*heinin*), along with 'people' (*tami*), was by far the most common language of governance used in late seventeenth century/early eighteenth-century Japan to refer to political subjects, utilized by both intellectuals and rulers alike. Often the expression *eta-hinin-nado* (*eta*, *hinin*, etc.) was used in a binary relationship with the word

heinin, demonstrating the emergence of a new eighteenth century hierarchized imaginary' of rule which was being superimposed on top of the earlier seventeenth century status-group-base model. From the late seventeenth century/early eighteenth century, people were increasingly defined in the popular and political imagination according to this narrowing definition of the field of rule and the binary existence of 'common' and 'outcaste' subjects. As the use of the character *hei* 平 in *heinin* illustrates, moreover, there was an increasing desire on the part of warrior elites to document and dominate subjects within their territorial reach based on an idea of normality.

Health Cultivation

Matters pertaining to life, death, and illness were reinterpreted through the dominant medical discourse of "health cultivation" (*yōjō*) in the last quarter of the seventeenth century. This discourse reaffirmed as given the mutual relationship between medical, cosmological, and ethical practices, providing conceptual space for the exceptional within medical practice. Health cultivation discourse had a long history in East Asian medicine; the warrior class in the late sixteenth century took a philosophical interest in it because it linked better health to successful military service.⁵⁵ It was only popularized, however, through the writings of scholars such as Kaibara Ekken (1630-1714), significantly informing shogunate policy from the 1670s and 1680s. A growing number of edicts targeted medical practices from around this time and *hinin* groups were officially assigned duties as care providers and guards for sick prisoners.

"Health cultivation" (*yōjō*), in its seventeenth century incarnation, as Susan Burns argues, clearly signified the "intersection of medicine, cosmology, and ethics."⁵⁶ Physical wellbeing was not merely a physiological problem, but was intimately connected to notions of spiritual equilibrium and ethical normality. Something as banal as abnormal dietary

⁵² For an abbreviated and annotated version of the relevant section of this work with notes, see Okiura Kazuteru, *Suihei: hito no yo ni hikari are* (Tokyo: Shakai Hyōronsha, 1991), 16.

⁵³ Ibid.

⁵⁴ Groemer, "The Creation of the Edo Outcaste Order," 276-280.

⁵⁵ Otsuka Yasuo, *Tōyō igaku*. Tokyo: Iwanami Shoten, 1996, 152; Katafuchi, "16 seiki kōhan kara 17 seiki zenhan ni okeru yōjō no bunmyaku: seimei no kachi ni shōten-zukete," 53.

⁵⁶ Burns, "The Body as Text: Confucianism, Reproduction, and Gender in Tokugawa Japan," 185.

habits was linked to a deviant human nature: “When we think of the eating and drinking habits of people, it is the usual characteristic of human nature to like sweet things and dislike bitter things. However, among a vast number of people there are a few who will like bitter things and dislike sweet things. We should not regard these people as normal.”⁵⁷

Health cultivation discourse’s reaffirmation as given the mutual relationship between medical, cosmological, and ethical practices also provided conceptual space for, and awarded explanatory power to, the role of the mystical in the healing process. Mary Evelyn Tucker notes, for example, that Ekken’s health cultivation discourse not only involved the physical but also the “psychic-spiritual” wellbeing of the individual.⁵⁸ Ekken also clearly understood evil (health-destroying influences) in the context of Yin-Yan and spiritual forces: “Desires are affiliated with yin, and it is easy to drown in them as just as water drowns a person. Many evils are frequently generated from anger and desire. Among the seven emotions these two are the most harmful. We may harm ourselves and others and should thus be careful. Furthermore, anger and desire do great harm to our practice of caring for our health.”⁵⁹

Ekken’s conception of health cultivation – which was technically speaking the effective circulation of *ki* (or “material force”) throughout the entire body – proved popular.⁶⁰ His understanding of *ki* was rooted in a worldview which attempted to “articulate a dynamic philosophy of material force...as the unifying basis for the interaction of

self, society, and nature.”⁶¹ Material force to Ekken was something that needed to be meticulously nurtured, because it was what linked human beings to all other living things.⁶² Within his conception of health cultivation, death could be interpreted as the result of negligent human action, which in turn constituted an unfilial act. In *Shōgaku-kun* (Elementary Learning for Children), for example, Ekken issued the following caution to his readers: “Likewise, living as we do in nature’s embrace, we must serve nature and manifest to the full our humaneness. For a human being to be aware of this important duty, to let the days and years pass idly by and let his life be wasted, is to make himself unworthy of being a human being. Indeed, how can anyone who would be a human being ignore this fact? It is in this that the way of humanity lies. Any way other than this cannot be the true way.”⁶³

Late seventeenth-century Tokugawa health cultivation discourse, however, including the famous treatise on the subject *Yōjōkun* (Precepts for Health) authored by Ekken, did not consist of academic texts intended to advance knowledge, but rather practical treatises designed to discuss, treat, and prevent illness and injury.⁶⁴ The increased attention paid by Tokugawa authorities to what might be best termed public health issues from the 1670s and 1680s was both a response and further impetus to these late seventeenth century intellectual reflections on health cultivation. Shogunate health initiatives did not emerge in a vacuum but were rooted in an understanding of this increasingly dominant view of human life where the medical, cosmological, and ethical practices were coterminous. Legislation dealing with issues as diverse as infanticide, child abandonment, pharmaceuticals, prison conditions, and care for the homeless was enacted at an impressive rate during this period. This legislation consistently defined proper health practice as the responsibility of all subjects regardless of background and status. Probably the best evidence of this mindset is the liberalization of the pharmaceutical industry:

⁵⁷ Kaibara Ekken, *The Philosophy of Qi: The Record of Great Doubts*. Translated by Mary Evelyn Tucker. (New York: Columbia University Press, 2007), 91.

⁵⁸ Mary Evelyn Tucker, *Moral and Spiritual Cultivation in Japanese Neo-Confucianism: The Life and Thought of Kaibara Ekken, 1630-1740*. (Albany: State University of New York Press, 1989), 396.

⁵⁹ Ibid., 195.

⁶⁰ Katafuchi Mihoko, “Ki megurushintai: kinsei zenki yōjōron ni okeru inyō gogyō,” *Wakayama Daigaku Kyōiku Gakubu kiyō* 60 (2010): 47-57; Kaibara Ekken, *Yōjō-kun/Wazokudōshikun*. (Tokyo: Iwanami Shoten, 1961); De Bary et al., *Sources of Japanese Tradition*, 105.

⁶¹ Ekken, *The Philosophy of Qi: The Record of Great*, 4, 51.

⁶² Ibid., 13.

⁶³ De Bary et al., *Sources of Japanese Tradition*, 108.

⁶⁴ Katafuchi, “Ki megurushintai: kinsei zenki yōjōron ni okeru inyō gogyō,” 48.

Williams notes that “during the Genroku period (1688-1703), the Tokugawa bakufu issued new laws that took away exclusive rights to the production and distribution of medicine from clan and bakufu doctors. This resulted in a diffusion of the power to produce and distribute medicine, enabling pharmacies like Dōshōan [a Kyoto-based pharmacy] to take full advantage of the new laws.”⁶⁵

Available seventeenth century records reveal an embryonic association between Japan’s *hinin* communities and various medical treatment facilities, both for sick prisoners (in places known as *tame* or ‘enclosures’) and later for the poor (in facilities known as *yōjōsho* or ‘hospices’). *Hinin* were ascribed official roles and duties with a remedial capacity from around this time, presumably because of their earlier institutional experiences in disaster relief. In 1675, for example, sixty ‘temporary huts’ (*karigoya*) for beggars were built at Yanagihara, but these were quickly abolished a few months later with the former residents either being dismissed or placed under the leadership of official *hinin* communities.⁶⁶ In 1680, too, the two *hinin* leaders Kuruma Zenshichi and Matsuemon were brought before the magistrate and informed that it would their responsibility to look after urban vagrants. While this law had practically little effect, it did signal that *hinin* leaders had become more than conceptually implicated in attending to the urban poor and displaced.⁶⁷ In 1687, this association strengthened: Edo *hinin* were marshaled to build and maintain enclosures intending to care for (and maintain surveillance over) sick prisoners in places known as *tame*.⁶⁸ Later, during Tokugawa Yoshimune’s period of rule (1716-1745), Tokugawa Japan’s most famous hospice, the Koishikawa Yōjōsho (literally the “Koishikawa-Health-Cultivation-Place”), was established to combat the awful living conditions of

the impoverished sick residing in Edo. The hospice was guarded by lower class samurai, and its internal medicine specialist, external medicine specialist, eye specialist, and administering official (*kimoiri*) who were not outcastes. Records indicate, however, that in the event of a fire those who could not walk were to be taken to neighboring *hinin* huts, revealing a clear conceptual linkage to their earlier association as care providers/guards for sick prisoners in the *tame*.⁶⁹ Outcaste duties related to the care of prisoners and the sick were clearly not restricted to Edo or just *hinin*, however. In a 1708 document related to the death of the *kawata* leader in Kyoto, for example, clear reference is made to their duties in prisons, and several details are included such as the costs incurred for the boiling of medicines.⁷⁰

Outcastes and Medical Practices

The ideological and material developments discussed above worked to empower outcaste groups as they strove to secure their place (and livelihood) within the Tokugawa social order. Outcastes were certainly not the sole beneficiaries of these developments; as Williams points out in his study of Buddhist institutions, the perceived possession of aesculapian powers had the potential to profoundly affect the social image of other groups as well: “one of the most popular benefits offered by Sōtō Zen was the prevention and healing of illnesses.”⁷¹ While no uniform or universal development of a body of outcaste medical knowledge and practices emerged in the Japanese archipelago during the eighteenth century, numerous outcaste communities did involve themselves in a range of therapeutic activities, making excellent use of the opportunities provided by a social vision of wellbeing where the realms of the medical, the religious, and the magical were routinely coterminous.

Persistent subsequent attempts by authorities to strengthen earlier status-based systems of rule during the eighteenth century served only to pro-

⁶⁵ Williams, *The Other Side of Zen: A Social History of Sōtō Zen Buddhism in Tokugawa Japan*, 92.

⁶⁶ Groemer, “The Creation of the Edo Outcaste Order,” 284.

⁶⁷ Tsukada, *Kinsei nihon mibunsei no kenkyū*, 210.

⁶⁸ Harada Tomohiko, ed., *Hennen sabetsushi shiryō shūsei*, 21 vols., vol. 7 (Tokyo: San’ichi Shobō, 1987), 349, 589-590. These documents are dated 1687 and 1701.

⁶⁹ Harada, ed., *Hennen sabetsushi shiryō shūsei*, vol. 8, 390-391.

⁷⁰ Harada, ed., *Hennen sabetsushi shiryō shūsei*, vol. 8, 110-114.

⁷¹ Williams, *The Other Side of Zen: A Social History of Sōtō Zen Buddhism in Tokugawa Japan*, 10.

mote their further development. Official shogunate and domain policies, intended to encourage the increased social segregation of outcastes from 'commoners' (*heinin*), worked to further mystify these communities in the public imagination and therein their ability to develop emerging medical practices. As Botsman has noted, however, state-endorsed policies of social segregation during the Tokugawa period could also work to empower: "Those outcast communities and leaders to whom the warrior state assigned responsibility for key tasks were able to claim special privileges for themselves and, with the backing of the warriors, assert their authority over others."⁷²

The remarkable diversity of outcaste medical practices outlined below is best comprehended by making reference to studies which have examined the tremendous productive potential of monopolies in niche markets like healing arts which straddled the fuzzy edges between the epistemological cousins of religion and medicine. As Williams notes, Paul Demiéville's schema for classifying Buddhist healing practices is useful for the Japanese context: "(1) religious therapeutics (good works, practices of worship, expiation, and meditation), (2) magical therapeutics (mantras, incantations, and esoteric ritual), and (3) medical therapeutics proper (dietetics, pharmacy, and surgery)."⁷³ Following Demiéville, Williams argues that the lines between these three fields are ambiguous, unable to be clearly differentiated. It was precisely this ambiguity that provided conceptual space and market opportunities to outcaste groups attempting to constantly renegotiate and secure their position within the eighteenth century social order. The popularity of their labours, however, was not merely related to a perceived efficacy: it was also about availability and affordability. Williams argues that medicines produced by religious institutions or institutions affiliated with them "appealed to the vast majority of Japanese villagers who did not have access to the expensive doctors of the major cities."⁷⁴ A similar case can be made for the world of outcastes.

⁷² Botsman, *Punishment and Power in the Making of Modern Japan*, 55.

⁷³ Williams, *The Other Side of Zen: A Social History of Sōtō Zen Buddhism in Tokugawa Japan*, 88.

⁷⁴ Ibid.

Early eighteenth century records suggest that some groups of outcaste status were already beginning to profit from their association with medicine. One 1714 record from Shinano, for instance, mentions a great typhoon and earthquake striking a particular community in quick succession, knocking down a stone wall which in turn crushed a hut housing a *hinin* who was making a living selling medicines to induce abortions.⁷⁵ 'Death duties' performed by *eta/kawata*, such as the flaying of dead animal carcasses, also seemed to provide opportunities to delve in and make money out of medical potions. In the Mie region, an official memorandum produced in 1722 related to the extraction of bezoars when flaying cattle carcasses, instructed outcaste communities as follows: "When you are disposing of dead cattle (i.e., cutting them up for parts), you may find cows with bezoars. Some people might not know how to extract these, so I will issue another document explaining how to do so. You are to inform us if you find a bezoar." The separate document elaborated on this: there was, apparently, a certain domain lord who was interested in bezoars, and although it was not the 'official duty' (*goyō*) of outcastes to extract them, these were in fact very "precious things" (*taisetsu naru mono*). The exact way to identify bezoars was then recorded in minute detail: "A bezoar is located between the liver and the gallbladder. The liver is folded over three times and beneath that lies the gallbladder; if you dissect that you will find them in the gap which is about 3 *sun* (about 10 centimetres) long."⁷⁶

Although evidence indicating the extent to which side businesses in medical potions in outcaste communities mushroomed in the early eighteenth century is scarce, postwar oral historical accounts clearly link several eastern Japanese outcaste communities with the production and sale of medicines. References to the well-reputed pharmaceutical pursuits of outcaste communities in Toyama and Suruga can be found in Kikuchi San'ya's *Chōri to Tokushu Buraku* and *Nihon Tokushu Buraku*.⁷⁷ Wakao Masaki, however, has demonstrated through source material that outcastes were sought out during the

⁷⁵ Harada, ed., *Hennen sabetsushi shiryō shūsei*, vol. 8, 223.

⁷⁶ Ibid., 380-381.

⁷⁷ This point is made in Saitō, "Kinsei no hisabetsumin to iyakugyō/saikō," 3-4.

early eighteenth century for their knowledge of herbs and other compounds used to concoct various curative treatments. In 1726, for example, the Bakufu official Uemura Masakatsu sent an enquiry to an outcaste community in Uji (south of Kyoto) requesting that they send information immediately about bezoars (*ushi no namatama/shinidama*).⁷⁸ The *eta* village in this example responded that they had no knowledge regarding this important ingredient. Other evidence suggests, however, that such an assumption on the part of the Bakufu was not entirely misplaced. Several documents in the *Suzukike monjo* (Documents of the House of Suzuki), for instance, either strictly forbade or severely restricted the permissible routes for the sale of cow horns, hair, horse nails, and leather, indicating the real possibility that side industries had developed as a result of the official duties of flaying animal carcasses.⁷⁹ The same family, moreover, as will be shown below, derived considerable wealth through the development of their own healing potions.

Evidence does suggest that certain outcaste communities managed to develop their side business in medicines into viable commercial operations in the first quarter of the eighteenth century. In Naniwa Village in Settsu, for example, in a 1728 record related to a family feud amongst the leadership stratum of a village of people whose primary occupation was burial, the head of the village is clearly referred to as a *hijiri kusurishi* ('holy-man-herbal-doctor'). Although little else is mentioned about this position, the main protagonist in the legal case, Tora-no-suke, noted that he took over the hereditary position of head of the cemetery and local physician, with an important part of the latter position involving the sale of medicines (*baiyaku*).⁸⁰

⁷⁸ Wakao Masaki, "Kyōho/tenmeiki no shakai to bunka." In *Kyōhō kaikaku to shakai henyō*, edited by Manabu Oishi. (Tokyo: Yoshikawa Kōbunkan, 2003), 298.

⁷⁹ Saitama-ken Dōwa Kyōiku Kenkyū Kyōgikai, ed., *Suzukike monjo: saitama-ken buraku mondai kankei shiryōshū*, 5 vols., vol. 1. (Urawa: Saitama-ken Dōwa Kyōiku Kenkyū Kyōgikai, 1977), 129; *Suzukikemonjo*, No. 2693, Saitama Prefectural Archives.

⁸⁰ Harada Tomohiko, ed., *Hennen sabetsushi shiryō shūsei*, 21 vols., vol. 9 (Tokyo: San'ichi Shobō, 1987), 126-138.

Several references to children's medicines are also found in later records related to an outcaste village in Ōmi Province. The *Kōsasangunroku*, written in 1765, mentions a certain Hanatsuki household, apparently employed as doctors in a local *kawata* village. This record states that "In Fugenji Village, there is an *eta* village, which is basically its [Fugenji's] branch village. They sell 'Fifth Month medicine' (*satsuki-gusuri*), packeted drugs used in healing various ailments of children, which are said to be remarkably effective (*kikō*)."
Ōmi komazarae, written several decades later in 1792, also goes into considerable detail about this medicine produced by the Hanatsuki household.⁸¹

This steady growth of outcaste involvement in medical practices during the eighteenth century needs to be properly contextualized and understood within the framework of contested paradigms. Wai-Ming Ng has argued that "Neo-Confucian medicine" "was challenged by the *kohōha* [school of ancient medicine] and *ranpō-igaku* [school of Dutch medicine] in the eighteenth century." As a result, the "map of the medical world changed in the eighteenth and nineteenth centuries" with the three schools of *goseiha*, *kohōha*, and *ranpō-igaku* co-existing but with *goseiha* experiencing significant "material and ideological" deterioration.⁸² Susan Burns, too, has written about "the medicalization of birth" in eighteenth century Japan which eventually "freed" it from cosmology" but in turn "gave rise to the gender asymmetry of reproduction."⁸³ Clearly important medical developments arose out of this challenge to *goseiha* orthodoxy. Aya Homei has observed, for example, that "Obstetrics in Japan, or *sanka*, developed in the mid-eighteenth century as a medically enlightened specialism. During this period, new Confucian scholarship emerged, and physicians within the context set up in opposition to the Goseihō School of Medicine. The latter were accused of relying too heavily on metaphysics."⁸⁴

⁸¹ References to these documents are found in Saitō, "Kinsei no hisabetsumin to iyakugyō/saikō," 11.

⁸² Ng, *The I Ching in Tokugawa Thought and Culture*, 151, 155.

⁸³ Burns, "The Body as Text: Confucianism, Reproduction, and Gender in Tokugawa Japan," 179.

⁸⁴ Aya Homei, "Birth Attendants in Meiji Japan: The Rise of a Medical Birth Model and the

Outcaste involvement in certain medical practices was also spurred on by subsequent shogunate policy which projected negative popular perceptions of them while ascribing them new official duties. Legal documents published during the eighteenth century reveal a striking tendency for *eta* and *hinin* to be included in criminal case studies designed as resources for future legal rulings on criminal suits (laws were also increasingly codified for other status groups during this period too).⁸⁵ Eighteenth-century shogunate law also increased the ideological intensity of discourses related to *eta* and *hinin* 'pollution'.⁸⁶ Legislation also tended to amplify the public profile of the *eta* and *hinin* as social policing agents, and detailed elaborate roles for these same groups in the solemn theatrics of public execution.⁸⁷

New official duties (*goyō*) prescribed from the early eighteenth century also sometimes required a degree of medical knowledge. *Hinin* in eastern Japan, as social policing agents, usually had to report cases where travelers collapsed or died on the side of the road near their village to their *eta* superiors. Together they would then make a joint inspection of the corpse, carefully observing the approximate age, sex, and state of the body including any external injuries before reporting the matter to the appropri-

ate officials.⁸⁸ This was also the case to some extent in Western Japan as well, where low status groups were also sometimes responsible for the inspection of corpses. One interesting early case of this relates to the *bosho hijiri* (grave-diggers) who were asked to bury a retired religious lay monk at Tokuseiji in 1731. They refused, however, claiming there was evidence of 'rope burn' around the corpse's neck. Several lower class samurai (*dōshin*) were sent to investigate, and they too concluded the same, commanding the *hijiri* to put the body in a guarded crematory hut and to write and hand deliver an official letter to the township where the lay priest had lived.⁸⁹

Another important function of eastern Japanese *hinin* was the policing of vagrants through the operation of watch houses known as *hinin goya* or 'hinin huts.' *Hinin* huts, however, did not merely function as a premodern kind of police box (which, of course, they did as well), but also as a kind of welfare center for people of *hinin* or other ambiguous statuses. A 1733 document from Lower Wana Village in Musashi, for example, reveals that rural *hinin* huts were at times used to care for the homeless. The local hut leader at the time, Kakubē, took in a 64-year-old vagrant ('wandering *hinin*') who was complaining of abdominal pain and needed respite from sleeping in the open fields. Kakubē received permission to take the man in for a night, and when the illness worsened, the hut leader began administering medicine to his patient.⁹⁰

Outcastes also worked closely with horse handlers (*bakuro*) from the first half of the eighteenth century, either identifying and delivering ailing horses to these animal doctors or working at these professions themselves. In the aforementioned Lower Wana Village, the village elders Jin'emon and Sebē recorded in 1759 that the outcaste leader Danzaemon had been notified nineteen years earlier that twelve local villages in their regional communities had set up a specialist group of horse handlers (*nakama bakuro*). The outcaste authorities in Asakusa appeared to have been in agreement with the

New Division of Labour," *Social History of Medicine* 19, no. 3 (2006): 409. Outcaste engagement in obstetric practices certainly needs to be interpreted in light of these later developments. Saitō mentions the development of "obstetric practices" (*jōsan*) in Kaga domain by a group called the *tōnai*. "Kinsei no hisabetsumin to iyakugyō/saikō," 13.

⁸⁵ Hōseishi gakkai, ed., *Tokugawa kinreikō: zenshū dai yon.* 11 vols., vol. 10 (Tokyo: Sōbunsha, 1961), 354; Hōseishi gakkai, ed., *Tokugawa kinreikō: bekkai ichi.* vol. 11 (Tokyo: Sōbunsha, 1961), 164.

⁸⁶ Harada, ed., *Hennen sabetsushi shiryō shūsei*, vol.10, 279, 465-77; Harada, ed., *Hennen sabetsushi shiryō shūsei*, vol.11, 466-67.

⁸⁷ Harada Tomohiko, ed., *Hennen sabetsushi shiryō shūsei*, 21 vols., vol. 10 (Tokyo: San'ichi Shobō, 1988), 378-379; Nakao Kenji, ed., *Danzaemon kankei shiryōshū: kyūbakufu hikitsugisho*, 3 vols., vol. 1 (Osaka: Buraku Kaihō Kenkyūjo, 1995), 69. Hōseishi Gakkai, ed., *Tokugawa kinreikō*, vol. 10, 276-277.

⁸⁸ *Moroike monjo*, No. 725, Saitama Prefectural Archives.

⁸⁹ Harada, ed., *Hennen sabetsushi shiryō shūsei*, vol. 9, 186.

⁹⁰ *Suzukike monjo*, No. 633, Saitama Prefectural Archives.

decision and a set of laws (*hatto*) were summarily drawn up. Two horse handlers located in the villages of Takō and Yatsubayashi were eventually approved by the twelve villages in the greater Wana area and local outcaste residents identified and delivered sick horses to these two men. The 1759 document, however, is effectively a complaint by the Lower Wana residents to Danzaemon, quetching that local residents were not following the stipulated rules and thereby denying local outcastes from a valuable source of extra income.⁹¹

Members of outcaste communities also begin to appear as medical doctors in extant records from around this time. One of the earliest examples of an outcaste engaging in medical practices in a local community to date (mentioned at the beginning of this paper) comes from Musashi Province (present day Saitama Prefecture) and relates to a member of an *eta* community. The 1765 document begins as follows:

In the second year of Meiwa, the year of the Cock, an *eta* with good abilities in medicine from Arai Village, Hanzawa County, Musashi-no-kuni, was highly valued by the surrounding villages, but because he was an *eta*, had difficulty in performing medical treatments. Therefore, the village elders, after first notifying the surrounding villages, petitioned to the local shogunate magistrate that the *eta* wished to become a doctor of ordinary status.⁹²

It is clear from other, later examples, that this was not simply an isolated case. Among a collection of documents related to a village in southwest Hyōgo Prefecture, for example, reference is made in the 1830s to a member of a *chasen* community by the name of Tatchū who had “been involved in medicine [*igyō*] from long ago.” When resident villagers (*murakata*) or members of surrounding communities (*kingō-domo*) became sick, they apparently “called upon him for treatment” (*yobimukai*

ryōyō).⁹³ Both of the above documents refer to people of low social status in early modern Tokugawa society (*eta* and *chasen*) as highly-skilled as physicians and widely consulted by considerable numbers of people even from non-outcaste communities. The second document, although dated in the 1830s, through the use of the phrase “from long ago” suggests an earlier – perhaps early eighteenth-century – origin for outcaste village medical practices in that area. It is also clear, however, through the very use of the labels *eta* and *chasen* to describe these practitioners, that both individuals mentioned were targets of considerable social discrimination (a point the 1765 document makes far more explicitly).

Sugita Genpaku’s well-known early nineteenth-century text *Rantō kotohajime* (The Beginning of Western Learning) undoubtedly contains the most famous example of outcastes engaging in medically-related activities. The text contains a vivid description of the moment when Genpaku, Maeno Ryōtaku, Nakagawa Jun’an and other physicians and scholars of the time confirmed with their own eyes the internal organization of the human body.⁹⁴ Genpaku describes how he and other members of his group traveled to the Kotsugahara execution grounds one day in 1771 and witnessed the autopsy of a female criminal known colloquially as “green tea lady” (about whom, unfortunately, nothing more is known). Genpaku’s own passage relating to the events that transpired that day are detailed:

From here, we all went to the place where the autopsy was going to be performed at Kotsugahara. The autopsy was to be [performed] by an *eta* called Toramatsu, who was also highly skilled at explaining what he was doing. On this day, Toramatsu was going to perform the autopsy but because of an apparent illness, his father, an old man [literally: ‘old butcher’] of 90 years of age, came as his replacement. He was a healthy old man. He had performed autopsies numerous times since his youth, saying “I have opened up several people.” Autopsies, until that day, were left to

⁹¹ Saitama-ken Dōwa Kyōiku Kenkyū Kyōgikai, ed., *Suzukike monjo: saitama-ken buraku mon-dai kankei shiryōshū*, 5 vols., vol. 3. (Urawa: Saitama-ken Dōwa Kyōiku Kenkyū Kyōgikai, 1977), 155.

⁹² Saitama-ken, ed., *Shinpen saitama-kenshi shiryōhen*, 224-225.

⁹³ Harima-no-kuni Kawata-mura Monjo Kenkyūkai ed., *Harima-no-kuni kawata-mura monjo*. (Kyoto: Buraku Mondai Kenkyūjo, 1969), 443.

⁹⁴ Sugita, “Rantō Kotohajime,” 469-553.

eta. While cutting open the body they would point out different places informing us that “These are lungs. This is a liver. These are kidneys.” All the while the observing doctors would simply come to watch and then return home. All they could say was “We actually viewed the inside of the body.” No labels were actually attached to the different body parts so all they could do was watch the butcher point things out and nod. This day, too, the old butcher pointed out this and that: the heart, the kidneys, the gallbladder, the stomach. He pointed to something and said “I don’t know the name, but I have performed this procedure on several people since I was a youth and I am positive that this was inside all of them.”⁹⁵

Numerous points of interest can be extracted from this passage but the statements relating to the persons of *eta* status known as Toramatsu and his unnamed elderly father who actually performed the autopsy are of most relevance to this study.⁹⁶ First, it can be noted that Toramatsu was “highly skilled” at performing autopsies and “highly skilled at explaining what he was doing” (a point which is also clearly made in the earlier two documents referred to above). Second, Toramatsu, unable to perform the operation, was replaced by his ninety-year-old father, who was also obviously skilled at the task, stating that he had performed many autopsies over the course of his life in front of doctors and officials in the employ of the shogunate. Genpaku’s text even hints at a system of heredity amongst what might be termed ‘outcaste medical practitioners’ engaged in autopsy in Edo. This assumption is further supported by the observation of Ann Jannetta that the “transmission of medical knowledge in Japan was almost entirely a private matter.”⁹⁷ These points, moreover, when taken

alongside Nakao Kenji’s example of a *hinin* by the name of Ichibē performing an autopsy in front of a group of 80 students in 1861, lend credence to the idea that autopsy in Edo may have been the special preserve of people from outcaste statuses during the latter half of the Tokugawa period.⁹⁸

Outcaste engagement with medicine in certain regions reached significant levels by the last quarter of the eighteenth century. The *eta* head Jin’emon in charge of Lower Wana Village, for example, developed a successful side business involving the sale of medical cures for illnesses including venereal diseases like syphilis. Amongst the Suzuki household records related to medicine is a ‘secret family document’ which lists a medical cure for syphilis. On the document is listed “4.5 monme of ‘arrow-root’ (*kuzu*) from Kyūsuke in Kii Province,” suggesting among other things that Jin’emon may have had links to herbal suppliers in the Kansai region.⁹⁹ There is little doubt, moreover, that Jin’emon’s potion was popular. Clients who purchased Jin’emon’s cures came from as far as Edo and Shinshū.¹⁰⁰ Minegishi Kentarō surmises that it was partly from the profits from his sale of cures that Jin’emon was able to accumulate a considerable amount of land and wealth during this period.¹⁰¹ Interestingly, the aforementioned document containing the prescription also contains a clause issuing curses on all descendants who broke the strict rule of only handing down knowledge of the remedy from father to soli-

⁹⁵ Ibid., 490-491.

⁹⁶ Anders Hansson has noted the following: “In China, human hair, nails, blood, and other excreta have been used as medicine.” There is no visible evidence for this kind of practice on the Japanese archipelago in relation to autopsy. Anders Hansson, *Chinese Outcasts: Discrimination and Emancipation in Late Imperial China* (Leiden; New York: E.J. Brill, 1996), 13.

⁹⁷ Jannetta, *The Vaccinators: Smallpox, Medical Knowledge, and the “Opening” of Japan*, 5.

⁹⁸ Nakao Kenji and Midori Kurokawa. *Zoku Jinbutsu de tsuzuru hisabetsumin no rekishi*. (Osaka: Buraku Kaihō Jinken Kenkyūjo, 2006), 48-53. As Ishide Takeshi cautions, however, autopsy was certainly not the sole preserve of outcastes throughout the entire archipelago during the early modern period. An autopsy recorded in Chōshū domain in 1759, for example, was performed by a fief-appointed doctor. Ishide Takeshi, “Edo no fuwake to Kozukahara no shiokiba,” *Chiba Igaku* 84 (2008): 10.

⁹⁹ Saitama-ken Dōwa Kyōiku Kenkyū Kyōgikai, ed., *Suzukike monjo: saitama-ken buraku mon-dai kankei shiryōshū*, 5 vols., vol. 4. (Urawa: Saitama-ken Dōwa Kyōiku Kenkyū Kyōgikai, 1977), 447-448.

¹⁰⁰ Ibid., 431-447.

¹⁰¹ Minegishi, *Kinsei hisabetsuminshi no kenkyū*, 80.

tary son.¹⁰²

Outcaste groups continued to use the popular distaste for their involvement in certain 'death industries' to considerable advantage well into the nineteenth century. In a document dated 1832, for example, *hinin* helpers (*teka*) were strictly forbidden by the local *eta* leader Jin'emon in Lower Wana Village from going amongst the peasants posing as doctors and handing out medicine.¹⁰³ Tsukada Takashi's research also demonstrates that groups of *hinin* doctors also sprung up in Osaka to deal with the medical issues of members of that status group.¹⁰⁴ Ellen Nakamura's reference, moreover, to one of the famous medical practitioners of the late Tokugawa period, Takano Chōei's accomplice, Eizo, being of *hinin* status also indicates that engaging in medical practice was not restricted to people of *eta* status.¹⁰⁵ Early modern outcaste communities were also beginning to test the boundaries of religious, magical, and medical therapeutics from the early nineteenth century. The *Suzukike monjo* contains letters written by a person of *eta* status from Lower Wana Village who traveled to Nagasaki to study medicine (*idō*) in the early nineteenth century, suggesting the likelihood of further examples of outcastes developing more specialized and westernized bodies of medical knowledge.¹⁰⁶ In 1859, too, an *eta* by the name of Shūsai from Chōshū domain is recorded as having had a great desire from youth to study medicine (*igyō no kokorozashi*). He first studied medicine under the "*eta* doctor Kawano Sukezaemon" in Aki Province before moving to

Nakatsu and Nagasaki to further his studies.¹⁰⁷

The Meiji Restoration, and the subsequent boom in support for ideas of civilization and enlightenment, did not immediately result in a conceptual segregation of outcastes from medical practice. The new government quickly replaced the old *hinin*-administered hospices (*tame*) used to house sick and dying prisoners during the Tokugawa period with new "care facilities" (*kyūikusho*) built in the areas of Kōjimachi and Takanawa. Takanawa was specifically designed for people of low social status and was mooted as a direct replacement for the former *hinin* hospice. Tellingly, the task of looking after vagrants and the sick in this facility was also initially given to Danzaemon and *hinin* under his charge.¹⁰⁸ Although the Takanawa facility was officially closed after the promulgation of the so-called Emancipation Edict in 1871, this apparently did not alter the fact that the sick and elderly continued to assemble in the building. Eventually the Meiji state decided to rent the facility out to a private 'non-outcaste' citizen named Fukushima Kahē who it appears continued to employ 'former outcastes' to look after the patients.¹⁰⁹

Historical Significance of Medical Practices Among Outcastes

Health cultivation discourse, in reaffirming as given the mutual relationship between medical, cosmological, and ethical practices, also provided conceptual space and explanatory power to more numinous healing practices. Political discourses drawing on a panoply of ideas linked to the supreme sanctity of life, polluting effects of death, and the traits of an ideal subject, simultaneously worked from the late seventeenth century to reinforce both the stigma surrounding outcaste groups engaged in death industries as well as the perceived likelihood of their capacity to explain as well as alleviate pain, suffering, and the reality of death itself. Discourses pertaining to the sanctity of all living things and the importance of pollution avoidance worked to both tighten the conceptual *cordon sanitaire* surrounding

¹⁰² Saitama-ken Dōwa Kyōiku Kenkyū Kyōgikai, ed., *Suzukike monjo: saitama-ken buraku mondai kankei shiryōshū*, vol. 4, 447-448.

¹⁰³ Saitama-ken Dōwa Kyōiku Kenkyū Kyōgikai, ed., *Suzukike monjo: saitama-ken buraku mondai kankei shiryōshū*, vol. 1., 106.

¹⁰⁴ Tsukada, *Toshi Ōsaka to hinin*, 19.

¹⁰⁵ Ellen Nakamura, *Practical Pursuits: Takano Chōei, Takahashi Keisaku, and Western Medicine in Nineteenth-Century Japan* (Cambridge: Harvard University Asia Center, 2005), 42.

¹⁰⁶ Saitama-ken Dōwa Kyōiku Kenkyū Kyōgikai, ed., *Suzukike monjo: saitama-ken buraku mondai kankei shiryōshū*, 5 vols., vol. 5. (Urawa: Saitama-ken Dōwa Kyōiku Kenkyū Kyōgikai, 1977), 642-644.

¹⁰⁷ Saitō, "Kinsei no hisabetsumin to iyakugyō/saikō," 11-12.

¹⁰⁸ Sen'ichirō Shiomi, *Danzaemon to sono jidai*. (Tokyo: Kawade Shobō Shinsha, 2008), 112-113.

¹⁰⁹ Ibid., 127.

outcaste communities as well as enhance their credentials as possible purveyors of life.

Marginalized communities within this context were often despised for their association with death; confirmed as rebels against a natural order which had given them life and could only be properly perpetuated through ethical human behavior. To some extent they obviously became ideationally linked to a supernatural realm through their involvement in death industries. This linkage, however, did not necessarily involve a complete rendering of outcastes as potentially capable of extraordinary feats of knowing and action in a myriad of matters related to mortality (though this probably occurred sometimes). More often than not it relied on the subtle logic of suspicion and distrust. This idea emerges most strongly in the writings of Sokō: *eta*, he argued, should be ordered to carry out public executions, butchery, carcass disposal, and cleaning duties but without trust. Never should one trust them in commercial dealings or enter their settlements; external markers such as crested clothing were also essential in helping distinguish them from the rest of the population.¹¹⁰

Outcastes were thereafter re-imagined as entities with probable insider knowledge not only in matters pertaining to death but also physical wellbeing. The strong centripetal propensity to conceptually associate outcaste groups with illness, healing, and life emerged particularly strongly from the late seventeenth century, not infrequently resulting in the experimental incursion by outcaste groups into particular medical practices. As shown in the previous section, Tokugawa authorities even began to ascribe outcaste groups with official roles and duties based on this presumed remedial capability rooted in specialized knowledge obtained through work in death industries.

Scholars of *buraku* history commonly conclude that the link between outcastes and medical practices during the early modern period is best explained through reference to a largely static and negatively constructed cosmological orientation towards life, death, and illness. Saitō Yōichi, for example, has argued that the relatively low social status of doctors and alchemists in premodern times,

and the prominent occupational and official role outcastes had in activities associated with life, death, and illness (such as the flaying of dead animal carcasses and midwifery) most probably account for the relatively high number of outcastes engaged in early modern medical practices. Fujisawa Yōsuke has more recently argued that early modern Japan outcaste occupations and duties were basically two-fold – “generic” and “specialized.” Outcaste medical activities such as alchemy, he argues, resist neat classification, but it was clearly no historical accident that outcastes engaged in these activities, because it is natural that pariahs would engage in practices conceived of in superstitious terms and subjected to strong social stigmatization.¹¹¹

Criticism of these kinds of perspectives is certainly understandable, but potentially misleading. In one important respect, there is nothing exceptional about outcastes engaging in medical pursuits. Many, if not all, status groups in early modern Japanese society presumably developed some basic body of medical knowledge and practices. And as the burgeoning body of Japanese language work on early modern status theory quite correctly points out, status groups were constituted through an elaborate array of discriminatory policies and practices which affected almost everyone. This means that the development of a degree of medical knowledge and practices would quite naturally occur within all status groups as a cause and effect of status-group-based rule. Therefore, emphasizing the common or universal aspects of status-based experience in early modern Japan is an important step in eliminating the considerable distortion of mainstream images of the period which have arisen out of an excessive privileging of the ‘outcaste condition’ (i.e., *Buraku* history).

These points do not negate the fact, however, that status groups also existed within a distinct hierarchy with real social effects. Any practices they engaged in need to be interpreted through this lens. And while the considerable linkage between early modern outcaste groups and medical practices gradually became obscured from view in the post-Meiji world, early modern historical records nonetheless reveal that members of outcaste groups not

¹¹⁰ Yamada Sokō, “Yamaga gorui,” in Okiura Kazuteru, *Suihei: hito no yo ni hikari are* (Tokyo: Shakai Hyōronsha, 1991), 14-15.

¹¹¹ Saitō, “Kinsei no hisabetsumin to iyakugyō/saikō,” 15-16; Fujisawa, “Iyakugyō, Takeosazukuri nado to no kankei,” 119-120.

only developed bodies of medical knowledge and practices at the level of the individual during the early modern period, but that this knowledge and associated practices were also often preserved at the level of the household. This body of knowledge, moreover, clearly transcended geographical boundaries, for outcaste groups throughout Japan, regardless of whether they were labeled *eta*, *kawata*, *hinin*, or *chasen*, engaged in a form of medicine with markedly similar characteristics. Political elites of the eighteenth and nineteenth centuries also clearly considered outcaste groups to be an important potential source of medical knowledge and practices.

The reasons behind this linkage are complex. Historically speaking, uncertainty as to the precise causal relationship between illness and death in premodern times undoubtedly played a role in their popular conceptualization as something more than mere physiological struggle. They entailed spiritual warfare where the use of magic and sorcery would ultimately be required. Yet these were not the seventeenth century processes which enabled a firming of this association. A taxonomic revolution leading to the initial formation and definition of status groups, a profusion of politicized discourses concerning the sanctity of life, the hazardous effects of death pollution, and the normative features of the ideal Tokugawa subject, and the medicalization of late seventeenth century society through ideas of health promoting strong conceptual linkages between medicine, cosmology, and ethics all worked together to create conceptual space for an outcaste involvement in medical activities. Outcastes involved themselves in these activities because they promised another, perhaps more lucrative, way to secure a livelihood. Entry into these industries, however, also required in part an admission of abnormality, and acceptance of the strong stigmatism that could often enshroud outcaste healing arts.

Outcaste engagement with medicine is also part of a larger global early modern history related to the normalization and standardization of healing arts. Early modern outcaste engagement with medicine around the world tends to be, as Gideon Sjoberg argued long ago somewhat echoing Paul Demi-éville's classification, "preventive, restorative,

and predictive" in nature.¹¹² Sjoberg also noted in his ground-breaking study that "All the evidence – for Chinese, Korean, Indian, Tibetan, Middle Eastern, and medieval European cities – points to a differentiation between 'higher' and 'lower' medicine, whose practitioners are drawn from the urban upper and lower strata (including outcastes)." While not specifically mentioning Japan, Sjoberg emphasized that in a variety of early modern contexts lower class and outcaste medical practitioners lacked "a standardized body of knowledge and scholarly orientation" with the more literate upper classes tending to eschew dissection and surgery – in short, "anything that involves contact with 'blood and guts.'" ¹¹³ Sjoberg went on to conclude that early modern outcaste medical practitioners exhibited a "combination of scientific, or pseudo-scientific knowledge and magico-religious belief" which relied heavily on "preventive, restorative, and predictive magic intermixed with religious practices."¹¹⁴ Such an argument does seem more or less applicable to the Japanese case. The great Japanese modern medical pioneer, Fujikawa Yū revealingly mentioned in his early twentieth-century classic, for example, that 'surgery' (*gekka*) was historically considered a "dirty" (*iyashimu koto*) trade reserved for the "uneducated and illiterate" (*mugaku monmō*).¹¹⁵ Japan's early modern medical history, therefore, would appear to conform to a larger global process of coming to terms with what constituted the desirable form of healing power.

The relative absence of information relating to the role these outcastes played in the medical events of their day is undoubtedly rooted in the prevalent view of modern society about what has positively contributed to the fuller development of human life. While the bodies of medical knowledge and practices developed by outcaste groups substantially differed from what might be considered medical knowledge in the modern world, the temptation to immediately discount their value by raising doubts about substance, accuracy, and efficacy should be

¹¹² Gideon Sjoberg, *The Preindustrial City: Past and Present*. (New York: Free Press, 1965), 316.

¹¹³ *Ibid.*, 313.

¹¹⁴ *Ibid.*, 316.

¹¹⁵ Quoted in Saitō, "Kinsei no hisabetsumin to iyakugyō/saikō," 5.

resisted.¹¹⁶ To only view Japanese medical history in terms of progress – as a story about a body of knowledge and practices that, through the efforts of Rangaku scholars like Sugita Genpaku, led people out of epistemological darkness into light – hinders a clearer understanding of the particular healing arts developed by marginalised communities in Tokugawa Japan. They were, as I demonstrated in this paper, involved in numerous practices at both a local community and countrywide level that can be broadly termed ‘medical.’ Outcastes, in fact, even provided a platform for scholars involved in Western Learning to build on in their pursuit of scientific knowledge about the body and their activities are in need of closer examination. This problem also relates to a common bias in viewing source materials. Clearly oral history accounts need to be utilized to supplement the kinds of contemporaneous materials presented in this paper. Failure to do so will probably mean that the relationship between early modern outcaste groups and medicine remains a story which continues to elude historians into the future.

¹¹⁶ Daniel Botsman, instructively, makes a similar point in relation to the history of punishment in Japan, which he notes is often interpreted as undergoing a significant shift from the Tokugawa through to the Meiji periods signifying a transition from barbarity to modernity. Botsman convincingly argues that there is a need to understand how the idea of progress is “intimately connected with the global project of empire.” Botsman, *Punishment and Power in the Making of Modern Japan*, 13. Wolfgang Michel, in a similar vein, has noted that the “Needham Question” – “why the scientific revolution did not occur in China” – has been a primary focus in scholarship on medical practices in East Asia including Japanese Studies. “Medicine and Allied Sciences in the Cultural Exchange between Japan and Europe in the Seventeenth Century,” 286.